



2020-21 Y-Club Registration

Child's Name _____ Grade (Fall 2020) _____

Membership Status Member Non-Member

Ethnicity Caucasian African American Hispanic Asian or Pacific Islander Other

Pricing

5 Day Rates

Before Care \$30/week
After Care \$45/week
Both \$70/week
SOYI Add \$9

3 Day Rates

Before Care \$21/week
After Care \$30/week
Both \$46/week
SOYI Add \$10

Drop-In Rates

Before Care \$10/day
After Care \$15/day
SOYI \$25/day

Admission Agreement *Please initial each line*

	PAYMENTS – I understand that payments that are more than one draft behind will result in your child being removed from Y-Club. It is required to have an EFT on file in order to register for the program.
	MEDICAL INFORMATION – I certify that my child is in good health with activity restrictions noted and the documentation of physical examination and immunizations are up-to-date and in accordance with the public schools health requirements are on file.
	MEDICATIONS – I understand that a Medication Form is required to be completed and signed by a parent/guardian should my child need any medication administered during the program. I further understand that we allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or other relevant conditions. Self-carry is only permitted with the prescribing physician's written permission.
	CUSTODY – YMCA requires a legal document or court decree, otherwise decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.
	PHOTO RELEASE – The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes
	YMCA PROGRAM CLOSURES – I understand that Y-Club After School Program only operates on normal school days based on your child's Public School's schedule. Extended Day & Kids Day Off options are available to select sites at the Y for scheduled half and full days off. I further understand, during inclement weather, the YMCA will not refund or pro-rate the monthly fee.
	PLAYGROUND USE – I understand that this program uses the playground available at our school site locations, which meets the safety standards set by the State of Indiana for public schools.
	COVID-19 – I understand it is my responsibility to provide a mask for my child to comply with the state requirements according to the Governor's office and state reopening plan. I also understand the health risks.

I have read the **Admission Agreement** and fully agree to its terms. I have also read and accept the Policies and Procedures listed in the parent handbook and stated within this agreement. I also agree to keep all information as it relates to this paperwork, up to date for the safety of my child. By signing, I hereby release the YMCA of Greater Michiana, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.

Parent/Guardian Signature _____ Date _____

I acknowledge that I have read and reviewed the Y-Club Parent Handbook, and understand all policies and procedures therein.

Parent/Guardian Signature _____ Date _____

Child Information Record Form

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State Zip Code
Parent/Legal Guardian's Name		Phone ()	Parent/Legal Guardian's Name (Optional)	
Home Address (if not child's address)		DOB / /	Phone ()	
City		State	Zip Code	DOB / /
City		State	Zip Code	DOB / /
Email Address			Email Address	
Employer Name		Work Phone ()	Employer Name	
Work Phone ()		Physician's or Health Clinic's Phone Number ()		
Name of Child's Physician or Health Clinic				
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released.				
1.	()	DOB / /		
2.	()	DOB / /		
3.	()	DOB / /		
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)				
1.	()	2.	()	
3.	()	4.	()	

Parent/Legal Guardian Initials:	
_____ I give permission to _____ to secure emergency medical treatment for the above named minor child while in care.	

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian	Date Signed

Medication Permissions & Instructions

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Caregiver, Facility)
 _____, to my child _____, as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

Pricing & Care Schedule

5 Day Rates

Before Care \$30/week
 After Care \$45/week
 Both \$70/week
 SOYI Add \$9

3 Day Rates

Before Care \$21/week
 After Care \$30/week
 Both \$46/week
 SOYI Add \$10

Drop-In Rates

Before Care \$10/day
 After Care \$15/day
 SOYI \$25/day

Please indicate days needed, circle days (if 3-day care), and initial to be registered for each week of care.

Week of Care	Days Needed	If 3-day, specify days Circle Days	Before Care Initial for yes	After Care Initial for yes	Both Initial for yes
August 17	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	W TH F			
August 24	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
August 31 SOYI Sept. 4	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH			
September 7 SOYI Sept. 7	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	T W TH F			
September 14	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
September 21	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
September 28	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
October 5	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
October 12	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
October 19	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
October 26 SOYI Oct. 30	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH			
November 2	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
November 9	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
November 16	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
November 23 SOYI Nov. 25, 26, 27	<input type="radio"/> 2 Days	M T			
November 30	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
December 7	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			
December 14	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M T W TH F			

December 21	No School • Winter Break Camp								
December 28	No School • Winter Break Camp								
January 4	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
January 11	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
January 18 <i>SOYI Jan. 18</i>	<input type="radio"/> 3 Days <input type="radio"/> 5 Days		T	W	TH	F			
January 25	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
February 1	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
February 8	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
February 15 <i>SOYI Feb. 15</i>	<input type="radio"/> 3 Days <input type="radio"/> 5 Days		T	W	TH	F			
February 22	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
March 1	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
March 8	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
March 15	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
March 22 <i>SOYI March 26</i>	<input type="radio"/> 3 Days <input type="radio"/> 5 Days		M	T	W	TH			
March 29 <i>SOYI April 2</i>	<input type="radio"/> 3 Days <input type="radio"/> 5 Days		M	T	W	TH			
April 5	No School • Spring Break								
April 12	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
April 19	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
April 26	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
May 3	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
May 10	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
May 17	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			
May 24	<input type="radio"/> 3 Days <input type="radio"/> 5 Days	M	T	W	TH	F			

Schools Out, Ys In (SOYI)

For scheduled school days off, such as teacher development days, conferences, and some holidays, your child can enjoy programming at the YMCA! Kids Day Off will be held on-site. Please bring your gym gear and lunch.

Pricing

5-Day Care Add \$9

3-Day Care Add \$10

Drop In \$25 (Anyone not registered for Y-Club)

Date	Full/Half Day	Days Registered For	SOYI Care <i>Initial for yes</i>
Friday, September 4	Full	<input type="radio"/> 3 Days (+\$10) <input type="radio"/> 5 Days (+\$9)	
Monday, September 7	Full	<input type="radio"/> 3 Days (+\$10) <input type="radio"/> 5 Days (+\$9)	
Friday, October 30	Full	<input type="radio"/> 3 Days (+\$10) <input type="radio"/> 5 Days (+\$9)	
Wednesday, November 25	Full	<input type="radio"/> 3 Days (+\$10) <input type="radio"/> 5 Days (+\$9)	
Friday, November 27	Full	<input type="radio"/> 3 Days (+\$10) <input type="radio"/> 5 Days (+\$9)	
Monday, January 18	Full	<input type="radio"/> 3 Days (+\$10) <input type="radio"/> 5 Days (+\$9)	
Monday, February 15	Full	<input type="radio"/> 3 Days (+\$10) <input type="radio"/> 5 Days (+\$9)	
Friday, March 26	Full	<input type="radio"/> 3 Days (+\$10) <input type="radio"/> 5 Days (+\$9)	
Friday, April 2	Full	<input type="radio"/> 3 Days (+\$10) <input type="radio"/> 5 Days (+\$9)	

Billing Information

Bank Draft - Voided Check or Bank Verification Needed

Checking Savings

Account Holder(s) _____

Routing Number _____

Last 4 digits of account number _____

Credit/Debit

Visa Master Card Discover

Card Holder _____

Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____

Amount per draft \$ _____ Day _____ Date _____ (on or around)

Draft Schedule Weekly Bi-Weekly Monthly

Billing Contact if different from primary member

Name _____ Phone _____

Electronic Funds Transfer Agreement (please initial each line)

By initialing each paragraph and signing this EFT Agreement I/we are allowing the YMCA of Greater Michiana ("YMCA") to electronically withdraw or otherwise electronically access and obtain funds to pay recurring membership charges using the payment method(s) and source(s) selected above. I/we understand and agree that the YMCA will electronically withdraw or otherwise electronically access and obtain funds for recurring charges on the 10th day of each month, or shortly thereafter, and immediately for one-time charges for programs fees.

_____ I/we represent and warrant that the billing information provided above is accurate. I/we understand and agree that I/we shall hold harmless and indemnify the YMCA for any liability imposed upon or expense incurred by the YMCA for breach of this representation and warranty.

_____ I/we are responsible to provide written cancellation or change requests for my/our membership charges prior to the first day of the month it is to take effect. The YMCA will not automatically terminate membership or refund membership charges because of non-use of the YMCA facilities or services.

_____ I/we are responsible for payment of all amounts incurred for membership charges or program fees while my our membership is active or if my/our cancellation request is provided after the 1st of the month.

_____ The YMCA has the right to adjust my/our membership charges after providing 60-day written notice.

_____ The YMCA will attempt to collect declined membership charges from a credit/debit card up to 3 times. A \$15 late fee will be applied and your membership will be suspended if not paid by the end of the month for which the charges are incurred.

_____ Non-sufficient funds available from electronically accessed checking/savings accounts will have a \$15 NSF fee added and returned checks will have a \$20 NSF fee. In either case, your membership will be suspended if not paid by the end of the month for which the charges are incurred

_____ If my/our membership is inactive for more than 30 days, I/we may be subject to pay a join fee when reactivating.

I agree to the above terms and authorize the YMCA of Greater Michiana to use the account listed for my membership, program fees, and donations.

Signature _____ Date _____

Signature _____ Date _____